



# Incident Report

Confidential Document - For Official Use Only

## Reporter Information

Reporter Name

Role/Position

Business/Organization

Telephone Number

Report Date

mm/dd/yyyy



Report Time

--:-- --



## Incident Details

Incident Date

mm/dd/yyyy



Incident Time

--:-- --



Exact Location/Address

Incident

## Severity Classification

☐ Sentinel Event

☐ Adverse Event

☐ Near Miss

☐ No-Harm Event

## People Involved and Witnesses

### Person 1

Name

Role/Position

### Witness 1

Name

Contact Information (Phone and/or Email)

### Person 2

Name

Role/Position

### Witness 2

Name

Contact Information (Phone and/or Email)

### Person 3

Name

Role/Position

### Witness 3

Name

Contact Information (Phone and/or Email)

## Incident Description

### What Led Up to the Incident

Describe the events, conditions, and circumstances that occurred before the incident



### What Happened During the Incident

Provide a detailed, step-by-step account of exactly what occurred during the incident



### Immediate Aftermath

Describe what happened immediately following the incident



## Injury Documentation

☐ Cuts/Lacerations

☐ Bruises/Contusions

☐ Burns

☐ Fractures

☐ Sprains/Strains

☐ Head Injury

☐ Respiratory

☐ No Injuries

### Detailed Injury Description

Provide specific details about injuries, including location on body, severity, and any medical attention sought out or received



## Property/Equipment Damage

- ☐ Equipment      ☐ Vehicle      ☐ Building/Structure      ☐ Personal Property  
☐ Environmental      ☐ No Damage

**Estimated Cost**

\$

**Operational Impact**

**Damage Description**

Describe the extent and nature of damage

## Root Cause Analysis

- ☐ Equipment Failure
- ☐ Training Issues
- ☐ Unsafe Conditions
- ☐ Procedure Issues
- ☐ Communication Failure
- ☐ Human Error
- ☐ Environmental Factors
- ☐ Other

### Detailed Cause Analysis

Provide a comprehensive analysis of the root causes, including contributing factors and underlying issues

## Immediate Response

- ☐ Medical Assistance
- ☐ Emergency Protocols
- ☐ Containment Measures
- ☐ Evacuation
- ☐ Authorities Notified
- ☐ Scene Secured

### Response Actions Taken

Describe the immediate actions taken in response to the incident

## Corrective Actions

### Immediate Actions

List immediate corrective actions implemented

### Long-Term Actions

Describe planned long-term corrective measures

### Responsible Person(s) for Corrective Actions

### Follow-Up Date

mm/dd/yyyy



## Recommendations

### Preventive Measures

Recommend specific preventive measures to avoid similar incidents



### Training Needs

Identify specific training requirements or improvements needed



### Policy Updates

Recommend policy or procedure changes



### Equipment Modifications

Suggest equipment changes or improvements



## Regulatory Reporting

Is a regulatory report required after this incident?

☐

Yes

☐

No

☐

Unsure

### Notes or Questions

Regulatory reporting questions, notes, considerations



## Signatures and Approvals

Reporter Signature

Signature

Name

Date

mm/dd/yyyy



Supervisor Signature (optional)

Signature

Name

Date

mm/dd/yyyy



Safety Officer Signature (optional)

Signature

Name

Date

mm/dd/yyyy



**Important:** This incident report contains confidential information and should be handled according to organizational policies. All information provided should be factual and complete to the best of your knowledge.